County Borough of Reading

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1955

By

E. HUGHES, M.D., D.P.H.

COUNTY BOROUGH OF READING

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1955

INDEX

Page

Audiometry ... 23
Avenue School ... 19

B.C.G. ... 22

Cerebral Palsy Cases (Classification of) ... 17
Child Guidance Clinic ... 14
Child Guidance Treatment ... 37
Clinics (School) ... 7
Cross Laterality ... 25, 26

Deaf and Partially Deaf ...9, 11
Defects found by Medical Inspection (Table) ... 36
Delicate Children ... 19
Dental Service ... 29
Diseases & Defects of Ear, Nose & Throat ... 38

Education Committee... ... 3
Epilepsy ... 14
Eye Diseases, etc. ... 38

Games ... 31

Handicapped Children ... 9
Health Education ... 31
Home Teaching ... 20

Infantile Paralysis ... 27
Infectious Diseases (School Children) ... 39
Investigation of Tuberculosis Contacts ... 21

Page

Mass Radiography Service ... 22
Meals in Schools ... 8
Medical Inspections ... 36

Nutrition ... 8

Oral Hygiene ... 30
Orthodontics ... 30
Orthopaedic & Postural Defects ... 38

Periodic Medical Inspections 34
Physical Education ... 31
Playing Fields ... 31
Poliomyelitis ... 27
Population (School) ... 6

Records ... 25
Remedial Exercises ... 32
Ringworm ... 33
Road Accidents ... 34

Skin Diseases ... 40
Speech Defects ... 17
Speech Therapy ... 37
Staff ... 4
Swimming ... 32

Ultra-Violet Light Clinics ... 33

Vermin ... 40

Work in the Special Class for Deaf Children. (*See page* 11)

Work in the Special Class for Deaf Children. (*See page* 11)

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30031771

READING EDUCATION COMMITTEE

(as at 31st December, 1955)

HIS WORSHIP THE MAYOR (Councillor A. E. Smith)

Aldermen :

ARTHUR FRANK CLARK
GEOFFREY SIMPSON FIELD
JEREMIAH JOHN DWYER
HUBERT SAMUEL LANGSTON
THOMAS STEPHEN WILLIAM SMART

Councillors :

PERCY BELCHER
ROBERT ARTHUR BRADLEY
EDWARD ALBERT BUSBY
ALICE JEANNETTE BURROWS
DOREEN MAY DITCHBURN
AMY LETTICE CURLL HUMPHREYS
ARTHUR LOCKWOOD (*Chairman*)
EDITH ELLA LOVETT
WILLIAM FREDERICK PETTIT
DAVID LEONARD STODDART
ALEXANDRA GEORGIA ANDERSON STURROCK (*Vice-Chairman*)
FRANCIS TAYLOR

Co-opted Members :—

The Right Rev. THE LORD BISHOP OF READING
The Very Rev. Canon J. P. MURPHY
The Rev. D. T. DAVIES
The Vice-Chancellor, University of Reading, J. F. WOLFENDEN, C.B.E., M.A.
Professor C. H. DOBINSON
E. F. ALLWOOD, B.Sc.
W. C. COSTIN
F. H. LEWIS
Mrs. B. KAY
Miss D. M. MILES

STAFF AT DECEMBER 31st, 1955

Principal School Medical Officer :

E. HUGHES, M.D., D.P.H.

Deputy Principal School Medical Officer :

G. M. O'DONNELL, B.A., M.B., D.P.H.

School Medical Officers :

VIOLET FRASER, M.B., B.S., M.R.C.S., L.R.C.P.
ETHEL AMY FISHER, M.B., B.Ch., D.R.C.O.G.
W. T. JONES, M.B. Ch.B., D.C.H., D.P.H., D.I.H. (commenced 15th August, 1955)
ELIZABETH M. SEFTON, M.R.C.S., L.R.C.P., D.C.H. (commenced 1st September, 1955)

Principal Dental Officer :

J. CAMPBELL, L.D.S., R.C.S. (Ed.)

Dental Officer :

(Mrs.) M. V. GODDARD, L.D.S., R.C.S.

Speech Therapists :

ANN C. RANDLE, L.C.S.T.
JULIA MONTEATH, L.C.S.T. (commenced 1st September, 1955)

School Nurses :

Miss O. EDGAR
Miss F. L. GATES
Mrs. H. KING
Miss M. PLATT
*Miss R. BROMLEY
*Miss F. CLARK
*Miss B. BRUNDLE (commenced 8th August, 1955)
*Miss O. M. JARVIS
*Miss M. J. LOMAS
*Miss H. MORTIMER
*Miss R. M. UPTON
*Miss M. J. WILLIAMSON

*Combined Health Visiting and School Nursing Duties

Oral Hygienist :

Miss V. ANDERSON

Clinic Assistants :

Mrs. D. BOXALL
Miss B. J. McMANUS
Mrs. R. NEALE

Senior Clerk :

Miss W. M. DIX

READING SCHOOL HEALTH SERVICE

To the Chairman and Members of the Education Committee

Ladies and Gentlemen,

I have the honour to present the report of the School Health Service for the year ending the 31st December, 1955. Full comments are included in the body of the report and, therefore, will not be made in this introduction.

The position in respect of medical staff was slightly better during the latter period of the year. Dr. Piggot left in July and was replaced by Dr. Sefton. We were also able to recruit a fourth assistant (Dr. W. T. Jones) but unfortunately he left us in March, 1956, to take up an appointment with the University of Durham. The shortage of dental staff still continues in spite of repeated advertisements.

I would like to express my appreciation of the help which has been given to me by the Chief Education Officer, his office staff, and all the Reading teachers during the year. I would also like to thank the Chairman and Members of the Welfare Sub-Committee of the Education Committee for the interest and support which they have given to me throughout the year. Lastly, but by no means least, I must pay tribute to the loyalty and hard work of my own staff during this period and particularly to Dr. G. M. O'Donnell who has supervised the composition of this report.

I am,
Your obedient Servant,
E. HUGHES,
Principal School Medical Officer.

SCHOOL POPULATION

The following figures give particulars of the school population in the various age groups on December 31st, 1955, and an estimate of the increase over the next five years :—

	All children between													
31st December :	14 and 15	13 and 14	12 and 13	11 and 12	10 and 11	9 and 10	8 and 9	7 and 8	6 and 7	5 and 6	Totals	Incr.	Decr.	Cumulative incr. or decr.
1955 ...	1,381	1,493	1,629	1,787	1,689	1,925	2,066	1,809	1,741	1,645	17,165	—	—	—
1956 ...	1,493	1,629	1,787	1,689	1,925	2,066	1,809	1,741	1,645	1,624	17,408	243	—	243
1957 ...	1,629	1,787	1,689	1,925	2,066	1,809	1,741	1,645	1,624	1,612	17,527	119	—	362
1958 ...	1,787	1,689	1,925	2,066	1,809	1,741	1,645	1,624	1,612	1,546	17,444	—	83	279
1959 ...	1,689	1,925	2,066	1,809	1,741	1,645	1,624	1,612	1,546	1,529	17,186	—	258	21
1960 ...	1,925	2,066	1,809	1,741	1,645	1,624	1,612	1,546	1,529	1,470	16,967	—	219	198 (decr.)

SCHOOL CLINICS

QUEEN'S ROAD CLINIC—

Minor Ailments	Daily, 9 a.m.-10 a.m.
Ultra Violet Light Therapy	Tuesday and Friday, 2 p.m.
Ringworm Clinic	Wednesday, 2 p.m.
Remedial Exercises	Tuesday, 2.30 p.m.

WHITLEY CLINIC—

Minor Ailments	Daily, 9 a.m.-10 a.m.
Ultra Violet Light Therapy	Tuesday and Thursday, 12-2 p.m.

SOUTHCOTE PRIMARY SCHOOL CLINIC—

Minor Ailments	Tuesday, 9 a.m.-10 a.m. Thursday, 9 a.m.-10 a.m.

BATTLE SCHOOL CLINIC—

Minor Ailments	Daily, 9 a.m.-10 a.m.

GROVELANDS SCHOOL CLINIC—

Minor Ailments	Daily, 9 a.m.-10 a.m.

CAVERSHAM CLINIC—

Minor Ailments	Monday, Tuesday, Thursday., 9 a.m.-10 a.m.

HILL SCHOOL CLINIC—

Minor Ailments	Wednesday, 9 a.m.-10 a.m.

EMMER GREEN SCHOOL CLINIC—

Minor Ailments	Friday, 9 a.m.-10 a.m.

GEOFFREY FIELD SCHOOL CLINIC—

Minor Ailments	Monday, Wednesday, Friday, 9 a.m.-10 a.m.

DENTAL CLINICS—

Queen's Road Clinic
Whitley Clinic

SPEECH THERAPY CLINICS—

Queen's Road Clinic (9 Sessions)
Battle School Clinic (1 Session)
Grovelands School Clinic (1 Session)
Hill School Clinic (1 Session)
Emmer Green School Clinic (1 Session)
Geoffrey Field School Clinic (2 Sessions)
Southcote School Clinic (1 Session)
Southcote Clinic (1 Session)
Avenue School (2 Sessions)
Battle Hospital (2 Sessions)
Whitley Clinic (2 Sessions)

NUTRITION

The following table gives the classification of the pupils inspected during the year in the various age groups :—

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,706	1,150	67.4	545	31·9	11	0·6
Second Age Group	1,774	1,203	67·8	567	32	4	0·2
Third Age Group ...	1,641	1,058	64·4	578	35·2	5	0·3
Other Periodic Inspections ...	409	258	63	151	36·9	–	–
Total	5,530	3,669	66·3	1,841	33·3	20	0·3

The number of children suitable for inclusion in Category A was 66·3% of those inspected. This is an improvement on similar totals in 1954 and 1953 when the percentages were 62·6% and 56·9% respectively. Inasmuch as 5,530 pupils were inspected this year compared with totals of 4,754 and 4,827 in the previous two years it is evident that the nutritional standard of Reading school children is of a very high order. Only 20 pupils showed evidence of undernourishment and this was often secondary to an underlying physical or emotional disturbance. This last figure would perhaps be higher were it not for the provision of breakfast and tea, as well as the ordinary school dinner, to those pupils of the Avenue Special School needing dietary reinforcement. This measure benefits some thirty children and is only applied on the advice of the Principal School Medical Officer. It serves as a therapeutic device to boost the health of children whose physical defects exert a prolonged strain on their constitution, more particularly when this is coupled with underfeeding or incorrect feeding in the home. Incorrect feeding is the major nutritional difficulty confronting the School Medical Officer in these days of plenty. Fortunately the variety of foods available is so diverse that in most cases the incompetence or idiosyncrasies of the parent and the fads of the child can be indulged without harm to the latter. Indeed the apparent vitality and well-being of children whose home diet is at the best indifferent, must often confound the expert.

School Meals Service. The following report has been received from Miss P. E. Hall, School Meals Organiser :—

The Ministry of Education circular 290 which stated clearly the nutritional aim for the school meal and the amounts of food to be provided, was most welcome. However, there remains the difficulty of providing these amounts at the price the Ministry will allow and still present an interesting and appetising meal.

It is significant that unless the meal is to the children's taste, they will either not stay to school dinners or else will refuse to eat certain items. One of the Supervisor's first duties is to persuade the children to eat the complete meal and this can only be achieved by making it as attractive as possible to them. This can sometimes be accomplished by allowing complete freedom of choice which though seemingly antagonistic to this purpose, would appear to be successful in the long run, particularly when applied to senior pupils.

However, it is encouraging to affirm that most children now have a more educated palate, eating and enjoying the whole meal and leaving practically nothing over. The influence of the teaching staff is invaluable in this respect for children are great imitators and will accept or reject food according to the example set by their mentors.

In order to make the meal as attractive as possible, more fruit was bottled this year, including the following types :—

Rhubarb
Gooseberries
Blackcurrants
Plums
Damsons
Pears

Sweet chutney has also been made and much appreciated.

Stoneham Secondary Boys' School canteen was opened in September 1955 and the demand for meals was more than anticipated, 500 meals being served daily. It had been decided to close Tilehurst School Meals Kitchen when Stoneham canteen opened, as it was a very makeshift type of kitchen.

A total of 8,300 dinners are now served daily and this represents an increase of 800 meals per day compared with the previous year. In 1954 38·16% of the maintained school population had school dinners but this rose to 41·62% in 1955. This increase is particularly gratifying as it is a genuine increase in the number of those taking dinners and not merely the result of a rise in the school population.

Each school kitchen in the Borough is now serving meals in excess of the number recognised as its optimum capacity. The addition of kitchens attached to the projected new schools will be most welcome.

HANDICAPPED CHILDREN

To the enquiring mind assessing the standards of any organisation dealing with large numbers of people, the welfare of the individual person must always be a primary concern. It is easily conceivable that in a desire for administrative efficiency or to ensure the advancement of the majority, the approach to the awkward or bizarre case may be either reluctant or arbitrary. It is often necessary to impose a personal discipline that recognises only the unique, so that the well-being of the group is built up from below on the security of its individual members. This has always been the practice of the School Health Service and the monotony of endless medical examinations is dissipated by a concentration on the present case and an inculcated appreciation of its essential value. This is particularly true in the consideration of those children who suffer from certain defects which prevent them being educated by ordinary methods in ordinary schools and who are known in official parlance as " handicapped children." It is not generally known, except to those intimately associated with these children, how greatly the resources of a Local Education Authority are applied to solve their problems, so that nurses, teachers, welfare workers, and administrative staff contribute to the solution that the family and school doctors produce. It is in this care of the unfortunate and sometimes almost hopeless child that the School Health Service presents its *argumentum ad hominem* and its refutation of any charge of overdue concern in numbers or routine.

(*a*) *Blind.*—There are two girls and one boy on the register. They are resident at Downton House, Aylesbury ; Sunshine Homes, East Grinstead, and Condover Hall, Shrewsbury, respectively.

(*b*) *Partially Sighted.*—One girl is resident at Exhall Grange, Coventry, and two other girls are at Barclay Hill, Sunninghill. Two children remain on the waiting list for admission to residentials chools and it is anticipated that vacancies will be forthcoming shortly.

(*c*) *Deaf.*—There are 8 boys and 6 girls on the Deaf Register, and with the exception of one girl still on the waiting list, all are receiving residential school

HANDICAPPED PUPILS—SUMMARY OF POSITION AT 31st DECEMBER, 1955

Type of Handicap	Number on Register, 31st Dec., 1955		Receiving appropriate education		(a) Number in Residential Schools (b) Number attending Day Schools			Not in receipt of appropriate education, but on waiting list for such			Remarks
	M.	F.	M.	F.		M.	F.		M.	F.	
(a) Blind	1	2	1	2	(b)	1	2		—	—	
(b) Partially Sighted	1	4	—	3	(a)	—	3	(a)	1	1	
(c) Deaf	8	6	8	5	(a)	8	5	(a)	—	1	
(d) Partially Deaf	22	18	22	18	(a) (b)	2 20	4 14		—	—	(b) Special class at George Palmer School. 2 M. 5 F.
(e) Educationally Subnormal	81	42	54	29	(a) (b)	3 51	2 27	(a) (b)	— 27	— 13	
(f) Epileptic	18	13	16	13	(a) (b)	— 18	— 12	(a) (b)	2 —	— —	5 M. 2 F. attend Avenue Sch. 1 F. receives home teaching
(g) Maladjusted	20	13	16	10	(a) (b)	8 8	2 8	 (b)	— 4	— 3	(b) Child Guidance Hostels
(h) Physically Handicapped ...	31	21	29	21	(a) (b)	2 24	1 14	(a)	2 —	— —	(b) 3 M. 6 F. being taught at home
(i) Delicate Children ...	34	15	34	15	(a) (b)	3 31	3 12		—	—	
(j) Speech Defects	138	48	138	48	(b)	138	48		—	—	

education. Three boys and 4 girls attend the Royal School for Deaf and Dumb Children, Margate Three boys attend St. Thomas's School, Basingstoke, and 2 others are at Donnington Lodge, Newbury. There is also one other girl at St. John School, Boston Spa.

(*d*) *Partially Deaf.*—Twenty-two boys and 18 girls are classified in this handicap. Six are pupils at residential schools, 7 attend the special class for the partially deaf at George Palmer School, and the remainder are at ordinary schools.

Hearing aids have been issued to 25 of these children, the remaining children are on the register, having a minor degree of disability, require only an appropriate position in the front of the class.

Special Class for the Partially Deaf

~~This scheme to which reference was made in last year's report, has been brought to fruition and~~ 15 Seven partially deaf children are now receiving appropriate education in a special unit attached to the George Palmer Junior School. The initial planning and the selection of suitable pupils has been achieved by close liaison with Mr. Hunt Williams, the E.N.T. Consultant to the Royal Berkshire Hospital, who has undertaken the medical supervision of these children in relation to their handicap. Mr. Hunt Williams also visits Donnington Lodge School, and the School for Partially Deaf Children at Basingstoke, so that any necessary transfers between these schools and the new unit should be more easily effected in individual cases. In fact, two suitable children have already been withdrawn from Residential Special Schools for a trial period in the unit. It is envisaged that the special class will cater for partially deaf children between the ages of ~~five~~ 5 and ~~ten~~ 16 years whose stay will be limited to not more than ~~two~~ 2 years. During this time they will be encouraged to make the most of their residual hearing and also to overcome the emotional disturbances resulting from their defect. The unit will primarily serve as a means of assessing the partially deaf in relation to their future schooling and as a centre for the remedial teaching of those who are educationally retarded through hearing loss. The hope that remedial teaching combined with rehabilitation is the means of overcoming their handicap, will result in many of these children returning to an ordinary class, underlies the whole experiment and is already to some extent being accomplished as the unit mixes with the rest of the school, not only for recreation and games, but also for the more specialised lessons such as handicrafts. The emotional transition from handicapped to normal child is thus gradually and unobtrusively engendered.

Considerable attention has been paid to the technical aspects of this new venture. The classroom was selected and modified to obtain the optimum accoustic effect. Sound absorbent wall panels, cork flooring and " rabbit warren " type sound lagging of the ceiling, have considerably diminished extraneous noise and almost abolished reverberation. A Westrex group hearing aid has been installed and a record player and tape recorder make a further contribution to aural rehabilitation. The children's desks are arranged in a semicircle around the teacher and are fitted with individual microphones interconnected with each other and with the teacher's microphone. Twin ear-pieces with separate volume controls are supplied to each child while the teacher maintains overall contact, using his desk control unit with its attached microphone, volume control, and high and low frequency control. The children are thus able to talk to the teacher and to have a " party line " to each other, and since the class is enthusiastic and has a lot of vocal leeway to make up, the *deus ex machina* is kept very busy indeed.

The class teacher Mr. Ling is, ~~of course~~, a qualified teacher of the deaf. Apart from his duties in the unit he also visits ordinary schools in the Borough to advise teachers on the problems of partially deaf children, to give instruction in lip reading, and in the use and maintenance of hearing aids, and to encourage children in the use of the hearing aids supplied. A preliminary assessment of intelligence is often necessitated and where doubt exists, children are referred to School Medical Officers for a final opinion. These outside responsibilities generally occupy two afternoons a week, and when allowance has been made for this and the specialised nature of the work, it is not considered that one teacher could cope adequately with more than the present number in the unit. Although the unit has been in existence only a short while, the children have already made a substantial improvement both in education and in elan. Indeed a general atmosphere of enthusiasm is one's dominant impression and a happy augury of future progress. The headteacher, staff and pupils of George Palmer School have all a share in the work and have co-operated most willingly to ensure that these handicapped children take an integral part in the school life. With these factors motivating towards success, it is a logical step to consider whether some extension of the scheme, possibly to encompass the younger partially deaf child whose handicap could then be assessed and overcome at the earliest possible opportunity, might be justified in the future.//

The Audiogram results and a brief description of the potentialities of the children in the partially deaf class are given below :—

HEARING LOSS IN DECIBELS

Frequency in Cycles per Second	Case 1		Case 2		Case 3		Case 4		Case 5		Case 6		Case 7	
	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.
128	25	20	25	30	55	55	30	30	40	30	45	30	5	10
256	40	30	45	35	65	60	30	25	40	35	30	30	40	5
512	60	50	50	55	95	85	35	45	50	60	50	35	65	10
1024	65	70	50	75	105	100	55	75	45	65	85	65	70	15
2048	60	80	60	60	100	100	85	90	65	80	75	55	65	10
4096	90	90	60	70	105	105	85	90	45	60	75	55	55	5
8192	—	—	65	75	—	—	—	85	60	—	75	—	35	50

Audiogram Results of Seven Children in Partially Deaf Class

Case 1—Male, aged 8 years 11 months.

Previous history :—Diagnosed as deaf at age of 3 years ; previously attended Donnington Lodge Nursery School for the Deaf and St. Thomas's School for the Deaf.

Educational Capabilities :—I.Q. 107 (Weschler) ; language development 3-4 year level ; speech, poor ; on admission was 4 years retarded in reading, and 2½ years retarded in arithmetic. Left handed child of sluggish disposition.

Case 2.—Female, aged 8 years 6 months.

Previous History :—Diagnosed as deaf at age of 5 years. Previously attended ordinary day schools.

Educational Capabilities :—I.Q. 120 (Wechsler) ; language development of a three-year-old ; no reading ; arithmetically 2 years retarded ; emotionally unstable and home environment unfavourable.

Case 3.—Female, aged 7 years 6 months.

Previous History :—Diagnosed as deaf at 2 years ; speech was of good spontaneous flow but faulty in both intonation and articulation. Previously attended an ordinary nursery school and Donnington Lodge Nursery School.

Educational Capabilities :—I.Q. 100 (Matrices) ; language development 3-4 year level ; reading and arithmetic both at 6 years level ; emotionally unstable and of indifferent general health ; home circumstances good and parents very co-operative.

Case 4.—Female, aged 8 years.

Previous History :—Diagnosis made at age of 1 year ; previously attended ordinary schools but has had consistent speech training at home.

Educational Capabilities :—I.Q. 104 (Wechsler) ; language development 2 years retarded ; speech, natural with faulty sibilants ; retarded one year in reading and arithmetic ; emotionally stable with good home conditions and co-operative parents.

Case 5.—Female, aged 7 years.

Previous History :—Diagnosis was made at age of 4 years ; treatment complicated as child is of foreign origin and until 5½ years heard nothing but her mother tongue which she was unable to understand. Had previously attended an ordinary school and received some speech therapy.

Educational Capabilities :—I.Q. 115 (Wechsler) ; language development nil and speech gibberish ; cannot read and can count to ten only ; emotionally stable and of a happy disposition ; parents very co-operative ; progress, this child has made immediate and considerable progress.

Case 6.—Female, aged 7 years.

Previous History :—Diagnosed as partially deaf at 1 year ; previously attended ordinary school and received extensive home training from Speech Therapist.

Educational Capabilities :—I.Q. average ; language development almost normal ; speech has faulty sibilants ; reading is one year retarded and arithmetic only 6 months ; emotionally stable ; very good home conditions.

Case 7.—Male, aged 9 years 11 months.

Previous History :—Diagnosed as partially deaf at 6 months ; used a hearing aid for past 18 months ; previously attended an ordinary school.

Educational Capabilities :—I.Q. 95 (Matrices) ; language development 2 years retarded ; speech normal except for sibilants ; reading 2 years and arithmetic 1 year retarded ; emotionally unstable and lacking in confidence ; home conditions are good.

It will be seen from perusual of the above histories that with the exception of Case 4 and Case 7, the only alternative form of education which could be given to these children in their present condition is that of a Residential Special School. The special class, therefore, not only ensures the continuance of their home ties but also that they remain among children who use normal word patterns and not those peculiar to the partially deaf. This latter factor is of great importance in the overcoming of their disability.

I hope to give a report of the progress of these children in next year's report.

(*e*) *Educationally Subnormal.*—During the year 122 children suspected of being educationally subnormal or of having severe educational difficulties, were examined by the Approved Medical Officers. In each case the examination consisted of an intelligence test, one or more performance tests, and a physical examination. Although these mental evaluations exact a heavy toll of the examiner's time and patience, they represent a vital and rewarding aspect of the School Health Service, and in this connection it is interesting to note that an extra 34 children were assessed in 1955 compared with the previous year. Mental retardation, psychosis, maladjustment, visual defects, cross laterality, deafness, poor home environment and physical ill health are all possible cases of backwardness at school and, at times, the elucidation of the correct diagnosis resembles more a detective story without crime rather than an intellectual and social exercise.

Inasmuch as many parents think that admission to an E.S.N. school is irrevocable and that the child is committed for the remainder of its educational life, it is worth emphasising that two pupils were returned to ordinary schools from the E.S.N. Dept. of the Avenue School in 1955. In many ways the work of such schools is remedial and children are only retained until school leaving age if it is to their direct benefit.

The following list gives the results of assessments of educationally subnormal (E.S.N.) children during 1955 :—

	Boys	*Girls*
New Cases—		
Total number of children examined	52	26
E.S.N. children recommended for Special School	14	11
E.S.N. children recommended for continuance at ordinary school	11	3
Maladjusted children	3	2
E.S.N. and maladjusted	2	1
E.S.N. and physically handicapped	3	1
E.S.N. and delicate	1	—
Ineducable	4	3
Average intelligence	14	5
Reviews—		
Total number of children examined	26	18
To continue at Special School	16	6
To attend ordinary school	3	1
Withdrawal from handicap register	4	3
Ineducable	—	3
For Statutory Supervision on leaving school	3	5

At present there is a waiting list of 27 boys and 13 girls for the E.S.N. Department of the Avenue School. The present capacity is for 80 children but it is hoped that the projected expansion of this school will provide places for almost twice this number by 1957.

(*f*) *Epileptic.*—The School Health Service has under observation 31 pupils who suffer from either the grand mal or petit mal types of epilepsy. Seven of these children attend Avenue School 1, receives home teaching and the remaining 23 are educated in ordinary schools.

Those attending ordinary schools are either cases of petit mal or else grand mal of infrequent occurrence. The more severe cases of grand mal epilepsy where the intensity or frequency of the fit create a larger problem attend the Physically Handicapped Department of the Avenue School. Here every effort is made to reduce the frequency of the seizures by ensuring that the pupil adheres to the regimen advised by his doctor, and that occurrences likely to initiate a fit are avoided. Special care is taken to ensure that the child remains alert and interested as intellectual preoccupation is a well-known factor in the prevention of epileptic attacks.

Since it is important that these children should remain in a normal environment and not grow up feeling that they are a race apart, the attitude of the teaching profession in Reading in their acceptance of the epileptic child is both generous and considerate.

(*g*) *Maladjusted.*—The report of Dr. M. E. Ward, Psychiatrist, Berkshire Child Guidance Clinic, reads :—

There have been several changes in the Child Guidance Clinic staff during the year. Dr. Laura Hutton retired on March 31st after 11 years' service and was succeeded by Dr. Chevens, previously Medical Director of the Bedfordshire Child Guidance Clinic. Dr. Chevens takes one Diagnostic and one Treatment session at the Caversham Clinic weekly, and one adult Psychiatric session at the Royal Berkshire Hospital. Miss Ewart, Senior Psychiatric Social Worker, resigned on June 30th, and Miss Sheppard on March 31st. These appointments have been filled by

Miss Lynn, working as P.S.W. to the Newbury and Reading Clinics and Miss Walsh, working as P.S.W. to the Abingdon and Reading Clinics.

At the suggestion of Dr. Kempton, Paediatrician to the Royal Berkshire Hospital, a Child Psychiatric Clinic was started at the Royal Berkshire Hospital on July 22nd. Dr. O'Gorman and Dr. Ward take this clinic alternate Friday mornings, with Mrs. Scott Blair and Mrs. Singer as Psychologists and Miss Lynn as P.S.W. The limited time and accommodation makes it impracticable to use this clinic for more than diagnostic work and supervision, but it provides a valuable liaison between the Child Guidance Clinic and specialist hospital and general practitioner service. Patients requiring more intensive treatment are transferred from the Hospital to the Child Guidance Clinic.

For the first time for some years there has been an increase in the number of Reading Borough cases referred to the clinic and the number of Reading cases under treatment. This does not include the Hospital cases who are seen as National Health Service patients.

The Hostels for Maladjusted Children are of great assistance to the more severely disturbed children who need a period of treatment away from home. These hostel children attend the local schools and close liaison is maintained between the hostel, school and clinic staff. Our Psychologist, Mrs. Singer, has supervised the educational progress of the more retarded children admitted to Mockbeggar Hostel. The educational progress made by some of these children during their hostel treatment is most satisfactory ; one boy who was very immature and nervous and unable to read or write until the age of 13, was head boy of his school before leaving.

Unfortunately, Mrs. Sandfield, Matron of Mockbeggar Hostel, was taken seriously ill in October. We have had to cut down the number of children in the hostel temporarily. Mrs. Sandfield is back in the hostel, although not fit to carry on many duties, her presence is a great encouragement to the children and hostel staff—we wish her a good recovery.

No. of cases brought forward from previous year	172
No. of new cases referred	61
No. of cases re-opened during the year	18
Total No. of cases seen for Consultation and Treatment	151
Total No. of cases treated	37

No. of cases closed	73
After Consultation and Advice only	18

No. of cases treated and closed :—

Adjusted	6
Improved	9
No change	1
Closed after Advice and Supervision	25
Prematurely closed	4
No. of cases closed Not Seen	8
No. of cases closed after Social Work only	2

No. of Interviews :—

For Psychiatric Examination	61
For Intelligence Test	95
For Treatment, including remedial coaching	575

No. of P.S.W. Interviews	301

No. of Children admitted to Hostels for Maladjusted Children	9
No. of children discharged from Hostels for Maladjusted Children	12
No. of Children in Hostels on 31/12/55	11

(*h*) *Physically Handicapped.*—Only three children are receiving education at a residential school, the remainder of the physically handicapped attend ordinary schools, the appropriate department of the Avenue School, the class for spastic children at the Battle Hospital, or else receive home teaching.

This handicap group comprises a very varied assortment of conditions—post poliomyelitis paralysis, progressive neurological disease, accidental injury, and cerebral palsy being dominant. Most of these group defects differ widely in their effect upon the individual and each case must be treated on its merits.

Where possible the physically handicapped child is retained in an ordinary school so that his outlook and endeavours are inclined to those of a normal child and, by continuing familiarity with the unquiet world, his consciousness of difference and defect is gradually eclipsed. In this regard the attitude of teachers and fellow pupils is paramount, for a momentary impatience or a careless gibe may easily wither the early burgeonings of independence and self-respect. In Reading we seem to be doubly fortunate for the occasional severely handicapped child deemed suitable for an ordinary school is accepted willingly by both staff and pupils. Indeed in some instances the continuance of a handicapped child at an ordinary school would not be possible without the extra duties and responsibilities undertaken by the school community.

Special Class for Cerebral Palsy. During the year discussions took place with the Reading & District Council for the Welfare of Spastics and, at the strong request of the latter, a special Unit was opened at Battle Hospital. Children attend this Unit each day and are transported by the Hospital Car Service with the help of volunteers as escorts. They receive the necessary medical services from the appropriate hospital departments under the general supervision of Mr. Squire, Orthopaedic Surgeon. The Education Committee has also provided the services of a teacher and of a speech therapist. There was some difficulty about our legal power to provide meals for these children, but I am happy to say that this has now been solved by providing them in accordance with our powers under Section 28 of the National Health Service Act.

I think a word of explanation is necessary about the functions of this class. I commented in my report last year on the pressure of various sources for special Units for spastic children. This Unit at Battle Hospital is not meant to provide a complete educational service for spastic children. It is meant as a classification centre where children can be admitted before the usual school age, can receive appropriate medical and educational handling, and can develop at their own pace. It is hoped that by the time the children have attained the age of 7-9 years it will be possible to make some firm recommendation about their future education, e.g., that they can be transferred to a special day or residential school, or that they will have to be dealt with as ineducable. My personal opinion still remains that there is no place for a special educational Unit for cerebral palsy children of all ages in a town like Reading which has reasonable services.

This particular class has a maximum 10 places. At the moment it has 7 pupils, 3 boys and 4 girls. When the new accommodation is available at the Avenue School we shall have to reassess these children and transfer some of them to the Avenue School. I am afraid that some of them will have to be declared ineducable since they are making practically no progress.

CLASSIFICATION OF CEREBRAL PALSY CASES

(1) **According to Educational Potentialities**	*Boys*	*Girls*
(*a*) Pre-School	6	2
(*b*) Ordinary School	6	2
(*c*) Avenue Special School	6	2
(*d*) Battle Special Class	3	4
(*e*) Residential Schools	–	–
(*f*) Formally ascertained as Mentally Defective	3	5

(2) **According to Age**	*Boys*	*Girls*
Under 5 Yrs.	6	2
5-10 yrs.	11	3
10-16 yrs.	7	8

(*i*) *Speech Defects.*—Miss Randle reports :—

186 children, 138 boys and 48 girls, attended the Speech Clinic during 1955
3291 attendances were made
39 discharged cured or greatly improved
1 refused treatment
4 taken off the register for non-attendance
2 left school before treatment was completed
140 continued into 1956
103 cases of dyslalia
4 cases of dyslalia due to low intelligence
2 cases of dyslalia due to deafness
7 cases of retarded speech development
37 cases of stammering
9 cases of stammering and dyslalia
10 cases of cerebral palsy
6 cases of cleft palate
1 case of dysarthria
7 cases of disordered vocal resonance

In cases where it was necessary, children were referred for hearing and intelligence tests and also orthodontic treatment.

A certain amount of time was set aside for school and home visits and interviewing parents.

Clinics were held at Queen's Road, Whitley and Southcote centres, and The Avenue, The Hill, Emmer Green, Grovelands, Geoffrey Field, Battle, Battle Hospital, and Southcote Schools.

The value of play in the treatment of speech defective children has for some time been a mystery to many interested in or concerned with our work, and therefore we should like to take this opportunity of explaining its invaluable uses to Speech Therapy. This must not, of course, be confused with Play Therapy.

The majority of our patients attending for treatment are under ten years, and it is with children of this age group that " play " methods of treatment are used.

In the life of the normal child, play and toys help the development of speech and language just as much as being spoken to and encouraged by those in the environment. In fact " play things " are natural speech and language stimulators. One has only to listen to the incessant chatter of a young child whilst building bricks, playing with farm animals or mothering dolls, to realise the truth of this. As well as being happy and interested in his play, the child is also intent on what he is doing, which means that he is concentrating. Concentration, enjoyment and interest are essential in our treatment, especially with the younger child, and therefore, play seems to be ideal the ideal way to disguise " work."

The speech defective child—whether he has a lisp, a more severe dyslalia, a stammer, a cleft palate, or no speech at all—is usually conscious of the fact that his defect makes him different from the other children around him. This awareness of a difference leads to anxiety in varying degrees. The knowledge that he is to attend a clinic—" to learn to speak properly "—as so many mothers insist on telling their children, will probably make him even more aware of his difficulty and even more anxious about it.

It is our aim, therefore, to make the child less conscious of his defect by taking the accent off speech rather than pointing out and emphasising his faults. This is done through play. It is obviously necessary to do a certain amount of direct work on faulty sounds and faulty methods of voice production—the amount varying as to the age and intelligence of the child concerned.

On his first visit to the Clinic the prospective patient does very little but play. There are few things a child enjoys more than doing this, and the fact that his visit to the Clinic is an enjoyable and not a terrifying experience, reassures him, and makes him look forward to his next visit. This is very important, as treatment of a speech defect is essentially slow, and may take as long as three or four years in some cases. Once the child loses interest in treatment, he builds up barriers of resistance in his mind and his progress is hindered. What better way is there of giving enjoyment to a child and holding his interest, than allowing him to play ?

The toys used in the Clinic are referred to as " apparatus," for they are all very carefully chosen, each one having a specific purpose. Water pistols, space guns, and flying saucers are barred for obvious reasons, but we have a large supply of building sets, jig-saw puzzles, farm animals, puppets, word-making and picture-matching sets, books and many other toys which are useful in our treatment.

Speech is the last, and perhaps the most complicated skill to be acquired by a child, and is an expression of personality. As such, it cannot be isolated from the child's general physical development. Constructional toys—building sets, plasticine, jig-saw puzzles—enable the child to practise skills other than speech, thus improving his general co-ordination. It is usually found that when a child has retarded speech, other physical skills are similarly retarded.

Other games are used solely for exercising the organs of speech, the tongue, the lips and the soft palate. In the case of a child with a cleft palate, games such as blow football and bubbles are used, which as well as proving enjoyable to the patient and exhausting to the Therapist, are invaluable for strengthening the muscles of the soft palate.

So often we are told by parents :—"John can't say an ' S ' sound. We're always on to him to say it, but he just can't." However, if John is shown a picture of a snake or given a goose from the farm set and asked what it says, it is very probable that he will make a perfectly good " ssss." Toy animals are very helpful for eliciting correct speech sounds merely because the child does not connect making noises with speaking, which he knows he finds difficult. It needs continual practice to incorporate these correct sounds into speech, and here again, play has its uses. Matching pictures of words containing the sound in practice is one instance. This can be made competitive if two or more children are treated together, to see which child can make the correct sound the most often.

Ear training is very important in the treatment of dyslalia, to enable the child to distinguish between correct and incorrect sounds. In order to help him to do this we try to help him to differentiate first of all between sounds not used in speech. For instance, the child turns his back whilst the therapist shakes a box of matches, taps the table, rattles money and makes similar noises, which the child has to name. This again, the patient regards as a game, although it helps to give him a more keen awareness of sound.

Puppets are very often used with stammerers. We aim to teach a stammerer to relax to his utmost ability, but very few young children take kindly to lying still on a bed to do this. However, the child watches a puppet with " floppy " arms, *Home Teaching Cases.*—A proper appreciation of the work of the home teachers would not be possible without an acquaintance with the type of case undertaken. A brief history of the children receiving home teaching is now included:—

(1)—A boy aged 8 years who is a case of congenital heart disease with cyanosis not amenable to surgery. He is a bright and intelligent lad who has made good educational progress and is abreast of his age group. It is hoped that next year he will be able to attempt attendance in the physically handicapped department of a special school.

(2)—A boy of 11 years afflicted with progressive neurological disease who has not yet become bedridden. Home teaching has kept him interested and prevented him becoming too introspective about his condition.

(3)—A boy of 11 years who has pseudo hypertrophic muscular dystrophy. In this case the prognosis of the disease and the reasons motivating home teaching are the same as in Case 2.

(4)—A girl of 12 years with fragilitas osseum, a disease in which fractures occur after the slightest trauma. She is still a hospital patient. Her educational progress has been very good and she appears well up to grammar school standard.

(5)—A girl of 15 years who has been operated on for a brain tumour. Home teaching was instituted to keep her alert and interested in the hope that she might return to school on a part-time basis. This latter aim was achieved towards the end of the year.

(6)—A girl of 15 years whose disease and circumstances parallel case 5.

(7)—An epileptic girl of 10 years who, due to a high daily incidence of grand mal attacks, is unfitted to attend school. She is just capable of benefiting from home teaching and the bias with her is towards informal instruction.

(8)—A girl of 12 years with a morbid fear of school. She is having psychiatric attention but remains at home. The home teacher represents a tenuous link with the school world.

(9)—A girl of 12 years who had two severe attacks of rheumatic fever. She received home teaching during a prolonged convalescence and has now been able to return to her grammar school on a part-time basis. Home teaching has obviated any educational loss.

Pupil's Viewpoint.—The following extract from an article written in 1955 by a twelve year old girl who, being confined to a hospital bed for a long period, has received all her education from Home Teachers, gives some idea of the scope and effect of this service :—

" I don't think I told you I have lessons, did I ? Well, I do ! Two teachers called Mrs. Corbet and Mrs. Chapman come and give me lessons four times a week. Mrs. Corbet gives me arithmetic, English, geography, history, not forgetting French, which I simply adore, while Mrs. Chapman takes me for needlework which I dearly love. I hear broadcast lessons too, in English, history, geography, nature study, music and science ; and in the evenings I enjoy watching plays on our television set."

SPECIAL INVESTIGATIONS

(1) **Investigation of Tuberculosis Contacts.** On three occasions during 1955 it was necessary to invoke the willing co-operation of the Reading Chest Clinic in investigating contacts of tuberculosis occurring amongst the staff or pupils of maintained schools. These investigations were greatly facilitated by the provision

of a new "Odelca" Miniature Camera at the Chest Clinic, which enabled comparatively large numbers of children to be X-rayed in each session.

School A.—The staff of a Nursery School were X-rayed during a visit by the Mass Miniature Radiography Unit and a canteen worker was found to have a minimal tubercular lesion. As this was not a serious case it was considered unnecessary to have the children investigated but a close watch was kept on the general health, and the canteen staff were re-X-rayed three months later. No further cases of tuberculosis were found and indeed the original case proved to be non-infectious.

School B.—A diagnosis of the adult form of tuberculosis was made following a visit to the Mass Miniature Radiography Unit. This time, however, a secondary school was involved and the pupil concerned was in the top class and due to leave school in a few days. Fortunately, most of her classmates had also attended the M.M.R. Unit but appointments for X-ray were given to twelve who had not done so. Only one of these appointments was kept, a circumstance vividly illustrating the difficulty of epidemiological control once those at risk are free from school discipline.

School C.—Here again the diagnosis followed on Mass Miniature Radiography. The pupil affected was attending a secondary school and had shown no previous evidence of infection. Contacts received an initial X-ray and this was repeated at the end of three months. Mantoux tests were also carried out and four children were found to have a positive reaction.

As a result of this investigation two pupils are to remain under observation by the Chest Clinic ; one other child who has a healed primary lesion being already under their care.

It is pleasing to record the ready assistance and advice received from Dr. Karlish, the Consultant Chest Physician, and his very courteous staff during the course of these investigations.

CHEST CLINIC INVESTIGATIONS OF T.B. CONTACTS AT THREE READING SCHOOLS

	SCHOOL A		SCHOOL B		SCHOOL C	
	Staff	Pupils	Staff	Pupils	Staff	Pupils
No. X-rayed ...	7	—	—	1	1	36
No. Mantoux Tested	—	—	—	—	—	36
No. Mantoux Positive	—	—	—	—	—	4
No. found to have Pulmonary T.B. ...	—	—	—	—	—	—
No. found to have Non T.B. Chest disease	—	—	—	—	—	—
No. Kept Under Observation at Chest Clinic	—	—	—	—	—	3

(2) **B.C.G.** During 1954 a pilot scheme of B.C.G. Vaccination was carried out. The experience gained as a result of this trial justified the offering of the vaccine this year to school leavers at most Reading schools. This opportunity was accepted by over half of the parents concerned and 319 children in all were vaccinated. The percentage of refusals remains somewhat high for a measure intended to raise the immunity to tuberculosis of a child on the threshold of adult life but B.C.G. is still

4. **Cross Laterality.** Although everyone recognises the existence of a master hand and leg which is used in preference to the other limb, there is little cognisance of the fact that most people have also a dominant eye and ear, which in similar fashion, does most of the work in which these paired organs are involved. In the average individual, this trait of dominance is confined to one side, the right-handed person generally kicking with his right foot, hearing better with his right ear, and utilising his right eye to more effect. Sometimes, however, there is mixed dominance, a condition known as cross laterality, and this may be of particular importance where the eye and hand are affected, so that the right-handed person has a left master eye or vice versa. Children of this genre may exhibit specific reading disabilities known as reversal symptons, which are easily discernable to the teacher, but relatively hard to overcome. These may also occur in the left-handed person. Fortunately most children who are cross laterals learn to surmount their handicap, and it is chiefly among those of a lower than average intelligence that the condition assumes a serious aspect. These children are slow in applying compensatory mechanisms and in consequence are often considered to be duller than they really are.

During 1955 assessments of children suspected of being educationally subnormal, or having a specific educational disability, included a test for dominance of ear, eye, hand and foot. Eighty-seven children were examined in this way and of these 13 were cross laterals, of whom 10 had mixed dominance of eye and hand. One case of true left sided dominance demonstrated serious reversal characteristics in reading. The cases in which these defects constituted a major difficulty in educational prowess are detailed below. Cases with I.Q.s of less than 70 have not been quoted.

There is often a tendency amongst those interested in cross laterality to exaggerate its importance as a cause of educational retardation. Its incidence among the school population is relatively high, but investigation of children in ordinary schools undertaken in previous years suggests that only rarely does it exert a drag upon the normal child. However, when one is confronted with a case of educational failure, particularly in the duller child, for which no overt reason can be found, it is advisable to consider the possibility of irregular dominance with attendant reversal symptoms. Once this is confirmed as the cause, the services of a remedial teacher or educational psychologist can obtain remarkable improvement. Even if these are not readily available, the more sympathetic attitude of the class teacher, who now realises that the ostensible dullard is really mentally hamstrung, may effect a steady change for the better.

Records. It is a common criticism of the School Health Service that it has a wealth of statistical data which is not properly used. General readers of this report may be interested to see the form inserted opposite p. 36, which is used to record all defects found in children who are examined during the current year. We have been using this form for some time now and, allied to a punch card system, we hope that it will in time produce a wealth of information and give us a complete picture of the position at any particular time.

CROSS LATERALITY

Case	Sex	I.Q.	Performance Test	Dominance Ear,	Eye,	Hand,	Foot	Age	Reading Age	Symptoms, etc.	Other Defects	School	Progress
1	M	77	Porteous Maze 12 years	L	L.	R.	R.	11 y. 11 m.	Nil	Some reversal of letters and digits	Nil	E.S.N.	Making a little progress now, particularly in reading
2	M	72	P.M. 11½yrs. Alexander Performance Scale 12 y. 10 m.	R.	L.	R.	R.	14 y. 9 m.	10 y.	Little ability	Poor physical condition	Ordinary	Marked progress in last year
3	M	104	P.M. 13 yrs.	L.	L.	R.	R.	11 y. 10 m.	8 y. 7 m.	Poor motor control, reversal of letters and digits	Mig-graine	Ordinary	Overcame his difficulty in 1 year on remedial teaching
4	M	90	P.M. 10½ yrs.	L.	L.	R.	R.	11 y. 2 m.	5 y.	Reversal of letters and digits	Nil	Ordinary	For E.S.N. school as progress in ordinary school negligible
5	M	85	P.M. 13½ yrs. Alexander Passalong 9 y. 8 m.	R.	L.	R.	R.	8 y. 10 m.	5 y.	Reversal of letters and some thought block	Nil	Ordinary	Remedial teaching
6	M	74	P.M. 8 yrs.	L.	L.	R.	R.	10 y. 6 m.	8 y.	Reversal signs	Slight stammer	Ordinary	Although he tends to read some words backwards he learnt to read easily. Arithmetic hopeless
7	M	80		L.	L.	R.	R.	14 y.	5 y.	Nil definite	Nil	E.S.N.	Typical sweeping writing of L. eye dominance. Reasoning powers good but reading hopeless
8	F.	77	P.M. 11½ y.	L.	L.	R.	R.	11y.	5 y.	Letter reversal	Nil	Ordinary	Emotional difficulties poor concentration, little progress
9	M	75	P.M. 10 y.	R.	R.	L.	L.	9 y. 10 m.	4 y.	Nil definite	Nil	Ordinary	Not yet acquired basic principles of "3 Rs." To E.S.N. school
10	M	77	P.M. 9½ y.	L.	L.	L.	L.	9 y. 7 m.	4 y.	Mirror writing	Nil	Ordinary	To E.S.N. school

Poliomyelitis. Only one case of poliomyelitis affecting children up to 15 years was notified during 1955 and this was non-paralytic.

The comparative incidence of paralytic and non-paralytic poliomyelitis cases in Reading during the past five years is shown in table I

TABLE I

Year	Non-Paralytic Cases		Paralytic Cases		Deaths		Total number of Cases
	Boys	Girls	Boys	Girls	Boys	Girls	
1951	1	—	—	1	—	—	2
1952	1	—	3	2	1	—	7
1953	—	—	—	2	—	—	2
1954	—	—	—	—	—	—	—
1955	1	—	—	—	—	—	1
Total number of boys and girls in each category	3	—	3	5	1	—	—
Total	3		8		1		12

Table II is an analysis by age of the foregoing figures :—

TABLE II

Age Group	1951		1952		1953		1954		1955	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0— 5+ months	—	—	—	—	—	—	—	—	—	—
6—11+ months	—	—	—	—	—	—	—	—	—	—
1— 2+ years	—	—	1	—	—	—	—	—	—	—
3— 4+ years	1	—	—	—	—	1	—	—	—	—
5— 6+ years	—	1	2	1	—	—	—	—	1	—
7— 8+ years	—	—	1	1	—	—	—	—	—	—
9—10+ years	—	—	—	—	—	1	—	—	—	—
11—12+ years	—	—	1	—	—	—	—	—	—	—
13—14+ years	—	—	—	—	—	—	—	—	—	—
Total of boys and girls for each year	1	1	5	2	—	2	—	—	1	—
Total ...	2		7		2		—		1	

None of these children required special educational treatment, although there are still 6 children who had the paralytic form of the infection prior to the period under survey and who are at Special Schools : 5 are at the Avenue School (Physically Handicapped Department), and 1 is at a Residential School for Physically Handicapped pupils but has been recommended for transfer to an ordinary school in 1956.

SCHOOL DENTAL SERVICE

Mr. J. Campbell, L.D.S., reports as follows :—

There has been no improvement in the staffing position during the past year, the number of Dental Officers remaining at two. A further handicap was the absence of Mrs. Goddard for six months, on special leave. This reduced the service to the equivalent of one-and-a-half Dental Officers over the year. There have been no replies to advertisements but I have noted that quite a number of Authorities are offering the tenancy of a house to any applicant. I think this is a matter to be considered, at the present moment, with the scarcity of Dental Surgeons and the difficulties in the housing position.

Fourteen schools were inspected during the year. This number would have been much greater but for the fact that only the Principal Dental Officer was on duty for six months and this made the question of routine inspection rather difficult. At the same time, no child who requested treatment was refused.

The number of casuals has again dropped slightly and with an increase of staff and more routine inspection, they could be greatly reduced.

Oral Hygiene, the supply of dentures and othodontic appliances are referred to later in this report.

An X-ray machine was installed in Queen's Road Clinic early in the year, and is a very great asset to the work of the Dental Officers.

Dental treatment under the Maternity and Child Welfare Scheme can be found in detail, in the report of the Medical Officer of Health.

The following tables give the work of the year in detail :—

(1)	Number of pupils inspected by the Authority's Dental Officers :		
	(*a*) At Periodic Inspections	4,288	
	(*b*) As Specials	1,637	
	Total (1)		5,925
(2)	Number found to require treatment		4,308
(3)	Number offered treatment		3,784
(4)	Number actually treated		3,443
(5)	Attendances made by pupils for treatment		6,124
(6)	Half-days devoted to :Periodic Inspection	22	
	Treatment	636	
	Total (6)		658
(7)	Fillings : Permanent Teeth	3,629	
	Temporary Teeth	491	
	Total (7)		4,120
(8)	Number of teeth filled : Permanent Teeth	2,781	
	Temporary Teeth	480	
	Total (8)		3,261
(9)	Extractions : Permanent Teeth	682	
	Temporary Teeth	2,645	
	Orthodontic	64	
	Total (9)		3,391
(10)	Administration of General Anaesthetics		845
(11)	Other Operations : Permanent Teeth	486	
	Temporary Teeth	1,696	
	Total (11)		2,182

Children receiving scholarships to non-maintained schools also receive dental treatment at the School Clinic. This treatment is carried out while the children are at home, during vacations. They are examined at school by the visiting Dental Surgeon, who refers them for treatment. Special types of cases, e.g. patients from the Occupation Centre, are also included in the following list of work performed :—

	Number Treated	Number of Attendances	Number of Extractions	Number of Fillings	Number of Anaesthetics	Number Discharged
Abbey	3	5	3	11	1	3
St. Joseph's ...	6	15	4	3	1	6
Christ's Hospital...	6	21	7	9	1	6
Blue Coat School	2	8	2	1	1	1
Wandsworth College ...	1	2	1	—	—	1
Occupation Centre	14	38	20	10	7	10

Dentures. The supply of dentures to schoolchildren shows a reduction this year. The number made being 23 as against 31 during 1954. It is regrettable when a child loses a tooth or teeth, necessitating artificial replacement and every effort is made to conserve the dentition in all cases. This is frequently impossible, however, owing to the extent of decay or the fracture, by accident, rendering the tooth completely unsaveable.

Two children had artificial crowns fitted and I am pleased to state that repairs to dentures numbered only two.

Orthodontics. There is a continuous and increasing demand for this type of work but owing to the acute shortage of staff, cases must be selected with care, as the work is very time consuming. A case may take from a few months up to several years to complete. Many parents bring children to the Clinic with very slight irregularities. These can be classed as " cosmetic" or appearance only and as such cannot be dealt with at present. Our work is confined to cases of children where the irregularity is functional and is handicapping the child in speech or mastication. Cases are brought to me from time to time by the Speech Therapists.

Irregularities are, in the majority of cases, caused by slow development of the jaws, adenoids, thumb or lip sucking, or the thrusting of the tongue between the front teeth. The use of a child's comforter or " dummy " cannot be too strongly condemned.

Our work in this section has been very successful, the number of cases discontinued, owing to lack of co-operation, being 11. Forty-five cases were carried forward from 1954 and 35 new cases commenced. Thirty-two removable and 5 fixed appliances were fitted during the year.

Oral Hygiene. This section of the School Dental Service has, in my opinion, been very successful. While the Hygienist is working on the patient, she is instructing the child in the correct method of tooth cleaning. A great number of children come to the Clinic requesting a " clean and polish " to remove stains which they cannot remove by themselves.

The number who attended during 1955 was 1,689, of whom 1,168 attended for other dental treatment also, the remaining 521 only required cleaning, being dentally sound otherwise. In all they made 1,803 attendances.

Health Education

During November 1955, a " Foot Health Week " took place in Reading by arrangement between the Public Health Department and the Central Council for Health Education, and many of the activities in this programme were arranged for the schoolchildren. Altogether 15 schools were visited by the lecturer, Mrs. A. Buxton, who showed films and opened discussions and Parents' Association Meetings were held in the evenings at 5 schools. Numerous conducted parties of schoolchildren visited the exhibition on foot-wear at the Broad Street Congregational Hall. The schoolteachers were invited to tea and a film show at St. Laurence Hall by Dr. Hughes and the Staff of the School Health Service, where Dr. Burton, Director of the Central Council for Health Education, and Mrs. Buxton, addressed the meeting on foot health.

At an earlier teachers' meeting in the spring, arranged by the School Medical Officers, Miss Irene Gairdner, General Secretary to the British Epilepsy Association, showed a film on epilepsy and gave a talk, emphasising in particular the importance of sympathetic understanding by the teacher of the problems of the epileptic schoolchild.

The refresher course for the Staff of the School Health Service was concentrated on the study of circulation. Dr. Hemstead, Pathologist to the Royal Berkshire Hospital, gave a lecture on diseases of the blood, illustrated by microscope slides. Dr. J. J. Kempton, Paediatrician to the Royal Berkshire Hospital, lectured on modern advances in Cardiac Surgery.

During the year a number of talks and lectures on subjects concerning the health of the schoolchild were given to Parent, Teacher and other interested Associations by the School Medical Officers.

Physical Education

In the report of 1954 mention was made of the difference in the work done in secondary and primary schools and the apparent lack of understanding between these departments. During the year under review the Organisers endeavoured to overcome some of the difficulties principally by taking the secondary teachers to see work in primary schools. These visits proved to be worthwhile and to some extent, helped to bridge the gap between the two departments.

It is noted that the problem is overcome in secondary schools where specialist teachers of physical education have been appointed. Unfortunately these specialists are in demand and are only attracted to schools offering first-class facilities for the work. It will be some time, therefore, before all our secondary schools in Reading are staffed by these teachers.

Games. With the exception of tennis, where lack of courts continued to hamper the advancement of the game, progress was made in the other games played in schools. In some measure this was due to the increased acreage of school playing fields and the opportunity to utilise the new areas for coaching and practice, especially during the summer months. The Organisers advised and encouraged schools to maintain adequate stocks of equipment for games and continued to emphasise the importance of sound coaching. It was noticeable that the schools paying most attention to this in the organised games periods were the successful competitors in inter-schools competitions. Here again the influence of specialist teachers was marked. Tennis tournaments were played under existing difficulties.

Our thanks are due to the many teachers who devoted much of their time out of school hours to arranging and organising school games.

Playing Fields. The new playing fields taken over by the Committee in 1954 were brought into use. Limited play was permitted on them during suitable weather in the winter months and general play was possible during the summer term of 1955.

It is hoped that the fields at Geoffrey Field Primary, Caversham Park, Park Lane and Southcote will be ready for full use in the autumn, but it is uncertain if play will be possible on Ashmead or Stoneham. Alternative arrangements on the public parks have been made for this eventuality.

Visits and Courses. Inter-school visits and discussions were arranged, also courses in netball, dancing and physical training. Film strips on games training were shown and teachers were encouraged to attend holiday courses.

Swimming. Instruction was given at the public baths throughout the year and all schools had the opportunity to attend; 38,779 attendances were recorded, a slight decrease from the previous year, probably due to severe winter weather and the exclusion of organised school parties during occasional holidays in summer.

The learners' swimming pool, mentioned in last year's report was constructed at the Hill School, and was brought into use at Whitsun. The Organisers wish to record their very sincere appreciation of the efforts of the headmistress and staff of that school in raising £150 towards the cost of the pool. It is indeed pleasing to report that the experiment is an outstanding success. Every class in the school was given instruction in swimming. The following class figures indicate a few of the results.

Age	*Numbers*	*Successful Achievements*
7½	44	41%
9	41	100%
11	40	97%

These figures speak highly for the ability and co-operation of the class teachers, the help and encouragement of the parents and the enthusiasm and organisation of the head teacher.

The pool was visited by a large number of H.M. Inspectors and other educationalits all of whom were most enthusiastic in their praise of the project.

Hygiene of the Hill School Learners' Pool. The dimensions of the pool are 25-ft.×12-ft.×3-ft., and it has an estimated capacity of 2,700 gallons. It has deep concreted sides and bottom and a concreted surround. Treatment of the water is carried out by a teacher who has received requisite instructions both in hand chlorination and in the use of a Lovibond Comparator. On an average the water is treated three times daily by hand dosing with " chloros," a complete change of water being effected once a week with daily supplementation by a drawing off and topping up process.

The loading of the pool is restricted to 20 children an hour with a daily maximum of 120. Supervision is maintained by the Sanitary Inspectors who take samples of the water during and after use. These are tested at the Public Health Laboratory and with the exception of the first few days, when there was some overcrowding of the pool, the results have been uniformly satisfactory.

SPECIAL CLINICS

(*A*) **Remedial Exercises.** 304 children were advised to do remedial exercises for postural defects during the year. The number of children in each category is listed below :—

Flat Feet	144
Round Shoulders	129
Both Flat Feet and Round Shoulders	31

A further 269 who had poor chest expansion, breathing defects or asthma were recommended breathing exercises. There is a widespread tendency in this part of the Thames Valley, whether as a result of early adenoidal trouble or constant catarrh, for children to breathe through their mouth instead of through their nose. This condition soon becomes chronic and since nasal breathing is one of the body's most potent defences against respiratory infection, a vicious circle in which frequent colds and catarrh block the nasal passages and perpetuate mouth breathing, is confirmed. The breathing exercises advised were deliberately chosen for their simplicity, for to younger children they can be presented as an amusement rather than a penance. As a means of re-educating children in the correct usage of respiratory muscles and passages and in the development of the lung potential, these exercises are of foremost assistance and act as a positive reinforcement of bodily health.

Illustrated leaflets demonstrating the exercises appropriate to the defect were given to each child in the above categories, 193 children attended the gymnasium at the School Clinic, Queen's Road, for the remedial exercise class which is held every Tuesday afternoon.

(*B*) **Ringworm of the Scalp.** There was an increase in the incidence of Ringworm of the Scalp, 11 new cases being diagnosed during the year compared with 5 new cases in 1954. In seven of these cases confirmation of the presence of Microsporum Canis was obtained by sending specimens of the hairs for investigation at the London School of Hygiene and Tropical Medicine. This was unnecessary with the remainder who were contacts of the confirmed cases, presumably sharing a common source of infection. A domestic animal was the origin of each outbreak of the disease.

In two instances, where gross infection had occurred due to the condition going unobserved, it was necessary to take the Woods Lamp to the schools concerned and some 100 contacts were examined for hair fluorescence. In one school two classmates of the confirmed case were found to be similarly infected. A further review of contacts was carried out a month later at each school but this time no new cases were identified.

RINGWORM OF THE SCALP

	Total	School Age	Pre-School Age	Boys	Girls
Number of Cases treated	11	9	2	9	2
No. of Cases referred to Royal Berks Hospital	3	3	—	2	1
No. given X-ray Treatment	1	—	—	1	—
No. of Contacts examined	136	126	10	102	34

Average absence from school was 25 days

(*C*) **Ultra Violet Light Therapy.** This was available during the year at the Queen's Road Clinic, Whitley Clinic and the Avenue School. Sunlight treatment is always very popular with the children and since it is rarely that good fun and good advice coincide, they derive maximum benefit from these sessions.

33 boys
51 girls
7 pre-school children
} received an average of 2 hours 35 minutes each.

2,058 separate attendances were made.

Children treated were mostly in 5-8 years group.

Road Accidents

We are indebted to Inspector Attrill for the following information :—

With regard to the summary of children who were killed or injured in road accidents in Reading during 1955 it is important to bear in mind the fact that national figures, which have not at this juncture been published, are likely to exceed anything known before—the figure of 264,000 casualties is likely to be passed. Also, local total accidents have increased to the record high figure of 1,877, in which 641 people were injured.

The reduction, therefore, of child casualties compared with those of last year is a most encouraging sign. That cyclist casualties should outnumber pedestrians is to be expected, but this does emphasise the importance of parents setting a good example by their own road behaviour, and to encourage their children to take part in safe cycling schemes.

It is hoped that the efforts of the parents, teachers, and the children themselves, will show even better results in the coming year.

SUMMARY OF CHILDREN WHO WERE KILLED OR INJURED IN ROAD ACCIDENTS IN READING, 1955

All Persons under 16 years of age		Children attending school in Reading	
Fatal	1	Fatal	—
Serious	15	Serious	13
Slight	104	Slight	75
Total	120	Total	88
Total includes—		Total includes—	
Pedestrians	58	Pedestrians	41
Pedal Cyclists	54	Pedal Cyclists	45

STATISTICAL DATA

(*A*) Periodic Medical Inspections

Number of Inspections in the prescribed Groups—

Entrants	1,706
Second Age Group	1,774
Third Age Group	1,641
Total	5,121
Number of other Periodic Inspections	409
Grand Total	5,530

(*B*) Other Inspections

Number of Special Inspections	1,404
Number of Re-inspections	4,117
Total	5,521

(*C*) Pupils Found to Require Treatment

Group (1)	For Defective Vision (excluding Squint) (2)	For any of the other conditions recorded in Table II (3)	Total Individual Pupils (4)
Entrants	74	297	314
Second Age Group	115	294	323
Third Age Group	145	140	260
Total (prescribed Groups) ...	334	731	897
Other Periodic Inspections ...	1	38	27
Grand Total ...	335	769	924

Return of Defects found by Medical Inspection in the year ended 31st December, 1955.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		Number of Defects		Number of Defects	
	(1)	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	68	48	475	13
5	Eyes—				
	(*a*) Vision ...	335	126	123	92
	(*b*) Squint ...	87	28	19	9
	(*c*) Other... ...	25	16	156	4
6	Ears—				
	(*a*) Hearing ...	9	49	17	30
	(*b*) Otitis Media ...	36	63	26	9
	(*c*) Other	14	20	79	13
7	Nose and Throat ...	163	188	133	80
8	Speech...	26	40	40	13
9	Cervical Glands ...	10	46	7	20
10	Heart and Circulation	3	29	3	15
11	Lungs	36	80	26	47
12	Developmental—				
	(*a*) Hernia ...	6	3	1	—
	(*b*) Other	32	66	4	42
13	Orthopaedic—				
	(*a*) Posture ...	64	38	28	19
	(*b*) Flat Foot ...	94	35	28	16
	(*c*) Other... ...	67	110	48	40
14	Nervous System—				
	(*a*) Epilepsy ...	5	5	7	6
	(*b*) Other... ...	6	35	10	21
15	Psychological—				
	(*a*) Development ...	1	20	4	12
	(*b*) Stability ...	9	40	16	19
16	Other	8	21	1,601	40

COUNTY BOROUGH OF READING SCHOOL MEDICAL INSPECTION

Ref. No. 1 2 3 4 5 6

NAME

ADDRESS

SCHOOL

DEPARTMENT

SEX Male 7 1
Female 2

Year examined ... ... 195 9 ☐

Year of ascertainment as handicapped 195 12 ☐

Type of Inspection
Routine 8 1
Special 2
Other 3

School No. ... ... 19 10 11 ☐☐

Year of removal from handicapped register ... ... 195 13 ☐

INFORMATION AS TO THE TYPE OF DEFECT

Recommended for
treatment clinic 14 1
observation 2
ref. to hospital specialist 3
ref. to G. Practitioner 4
ref. to Child G. Clinic 5
ref. to Chest Clinic 6
Other 7

Classified as handicapped pupil 15 1

Type of handicapped pupil 16 17
blind 1
partially sighted 2
deaf 3
partially deaf 4
delicate 5
diabetic 6
E.S.N. 7
Epileptic 8
maladjusted 9
physically handicapped ... 1 0
speech defect 1 1
multiple defects 1 2

Recommended for
special day school 18 1
special residential school 2
home teaching 3
child guidance hostel 4
hospital school 5
special provision in an ordinary school 6
speech therapy 7
no school temporarily 8

Nutrition A 19 1
B 2
C 3

Skin and Alimentary
Skin only 20 1
Alimentary only 2
Combined defects 3

Eyes Error of refraction 21 1
Error of refraction with squint ... 2
Squint without refractive error ... 3
blepharitis 4
defective colour vision 5
other visual defects 6

Ears Otitis media 22 1
Defective hearing and otitis media ... 2
Defective hearing (not handicapped) 3
Other 4

Nose and Throat
T's and A's 23 1
Enlarged tonsils only 2
T's and A's and Sinus infection ... 3
Enlarged adenoids only 4
Sinus infection only 5
catarrh 6
Other 7

Speech and Lymphatic Glands
Stammer 24 1
Other 2
Cervical Glands 3
Other Glands 4
Combined defects 5

Tuberculin
Jelly + ve 25 1
Jelly — ve 2

Heart and Circulation
R.H.D. 26 1
V.D.H. from other causes 2
Congenital Heart Defect 3
Functional Murmurs 4
Anaemia 5
Other 6

Lungs T.B. 27 1
Pulmonary Catarrh 2
Asthma 3
Bronchitis and Asthma 4
Other 5

Mantoux + ve 28 1
— ve 2

Metabolic, Endocrine and Developmental
Simple Obesity 29 1
Diabetes 2
Other 3
Hernia 4
Other developmental defects ... 5
Combined defects 6

B.C.G. given 30 1

Orthopaedic

	31	32
Poor spinal posture ...		1
P.S.P. with flat feet ...		2
P.S.P. with knock knees ...		3
P.S.P. with valgus ankles ...		4
Flat feet only		5
Knock knees only ...		6
Valgus ankles only ...		7
Knock knees and valgus ankles		8
Other defects of feet ...		9
Post A.P.M.	1	0
Cerebral palsy	1	1
Other	1	2

Nervous System

	33
Major Epilepsy	1
Petit mal	2
Chorea	3
Enuresis	4
Other	5

Psychological

	34
Educationally retarded	1
Educationally sub-normal	2
Unstable	3
Maladjusted	4
Ineducable	5

	35
Miscellaneous	1

Reported to

	36
M.D. Committee	1
D.R.O.	2
Y.E.B.	3

Child Guidance Treatment

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	37	—

Speech Therapy

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	186	—

Other Treatment Given

	Number of cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments ...	1,947	46
(*b*) Other than above— Ultra Violet Light Therapy ...	91	—
Total	2,038	46

Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	163	156
Errors of refraction (including squint) ...	—	445
Total	163	601
Number of pupils for whom spectacles were—		
(*a*) Prescribed	—	357
(*b*) Obtained	—	296

Diseases and Defects of Ear, Nose and Throat

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(*a*) For diseases of the ear	—	20
(*b*) For adenoids and chronic tonsillitis...	—	75
(*c*) For other nose and throat conditions	—	17
Received other forms of treatment ...	147	15
Total ...	147	127

Orthopaedic and Postural Defects

(*a*) Number treated as in-patients in hospitals	Not available	
	By the Authority	Otherwise
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	193	—

Cases of Infectious Disease in School and Pre-School Children, for the year 1955

Notifiable Disease	Total under fifteen years	Under one year	One year and under three years	Three and under five years	Five and under ten years	Ten and under fifteen years
Scarlet Fever	55	3	2	10	33	7
Whooping Cough ...	157	16	40	39	51	11
Diphtheria	—	—	—	—	—	—
Measles	1,742	37	334	470	877	24
Acute Pneumonia (Primary or Influenzal)	19	—	8	2	8	1
Cerebro Spinal Fever ...	—	—	—	—	—	—
Acute Poliomyelitis : (Paralytic)	3	—	2	—	1	—
Non-Paralytic ...	1	—	—	—	1	—
Dysentery	14	—	4	1	5	4
Erysipelas	1	—	—	—	1	—
Food Poisoning ...	6	—	1	3	2	—
Paratyphoid "B" ...	—	—	—	—	—	—
Totals	1,998	56	391	525	979	47

MISCELLANEOUS TABLES

Diseases of the Skin

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—		
(i) Scalp	11	3
(ii) Body	17	—
Scabies	3	—
Impetigo	86	1
Other Skin Diseases	432	2
Total	549	6

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	17,301
(ii)	Total number of individual pupils found to be infested... ...	351
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	19
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	1

MISCELLANEOUS

1	Total No. of Home Visits by School Nurses	595
2	Total No. of examinations by School Medical Officers of children for employment	534

GREENSLADE & CO. (READING) LTD.